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UTILITY	Atty Doc. No. <u>54085</u> Total Page <u>10</u>		
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER		
TRANSMITTAL	Shelue LIANG		
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing)	6. / / Microfiche Computer Program (Appendix)		
2./ X /Specification Total Pages / 7 / (Preferred arrangement set for below)	/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
Descriptive title of the Invention	Submission (if applicable, all necessary) a./ / Computer Readable Copy		
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)		
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background of the Invention	8./X/ Assignment Papers (cover sheet & document(s)		
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney		
Brief Description of the Drawings (if filed)	10./ /English Translation Document (if applicable)		
Detailed Description	11./ /Information Disclosure // Copies of IDS Citations		
Claim(s)	12./ /Preliminary Amendment		
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
3./ / Drawing(s)(35 USC 113)(Figs.) Total Sheets / /	Should be specifically itemized) 14./ /Small Entity / /Statement filed in prior application Statements Status still proper and		
desired 4./\(\sigma\)/Oath or Declaration Total Pages \(\beta\)/	15./X / Certified Copy of Priority Document(s) (if foreign priority is claimed)		
a / Newly executed (original or copy)	16 / / Other		
b./ /Copy from a prior application (37 CFR 1.63(d)	on		
17. If a Continuing Application, check appropriate box and supply the red / /Continuation / /Divisional / / Continuation-in pa			
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1350 Connecticut Ave., N.W. Washington USA Telephone:

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Basic Fee			• • • • • • • • • • • • • • • • • • • •	. \$ <u>770.</u>
Total Claims:	6	20 = x	\$09./\$18.	=
Indep. Claims:	1	-3 = x	\$43./\$86. =	
[] Multiple D	ependent	Claim(s) present	ted:\$145./290	=
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- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil

Reg. No. 18,967

1350 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100